

\$ 3765

In re application of: Cynthia H. NORDNESS, et al.

Serial No.: 10/021,901

Filed: 13 December 2001

For: PERMEABLE, CLOSE TO THE BODY LINER FOR SWIMWEAR

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	33	MINUS	48	
INDEP. 4 MINUS 3 1				
FIRST PRESENTATION OF MULTIPLE DEPEN. CLAIM				

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on

29 OCTOBER 2003

Melanie I. Rauch
Signature

10/29/03
Date of Signature

RECEIVED TECHNOLOGY CENTER R3700 NOV 06 2003	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	RATE	ADD'L FEE	RATE	ADD'L FEE
	x 09 = \$		x 18 = \$	
	43 = \$		x 86 = \$86.00	
	+ 145 = \$		+ 290 = \$	
TOTAL ADD'L FEE		\$	TOTAL	
OR		\$86.00	OR	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is attached.
- A check in the amount of \$ 86.00 is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.
- Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 C.F.R. 1.17

Respectfully submitted,

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